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DR. HUNTER'S

LETTERS.

- I. THE PROFESSION AND THE PEOPLE.
- II. POPULAR SCIENTIFIC EDUCATION.
- III. SPECIALTIES IN MEDICINE.
- IV. CATARRHAL AND PULMONARY DISEASES.
- V. COLDS AND THEIR TENDENCIES.
- VI. COLDS AND THEIR TENDENCIES CONTINUED.
- VII. THE TREATMENT OF COLDS.

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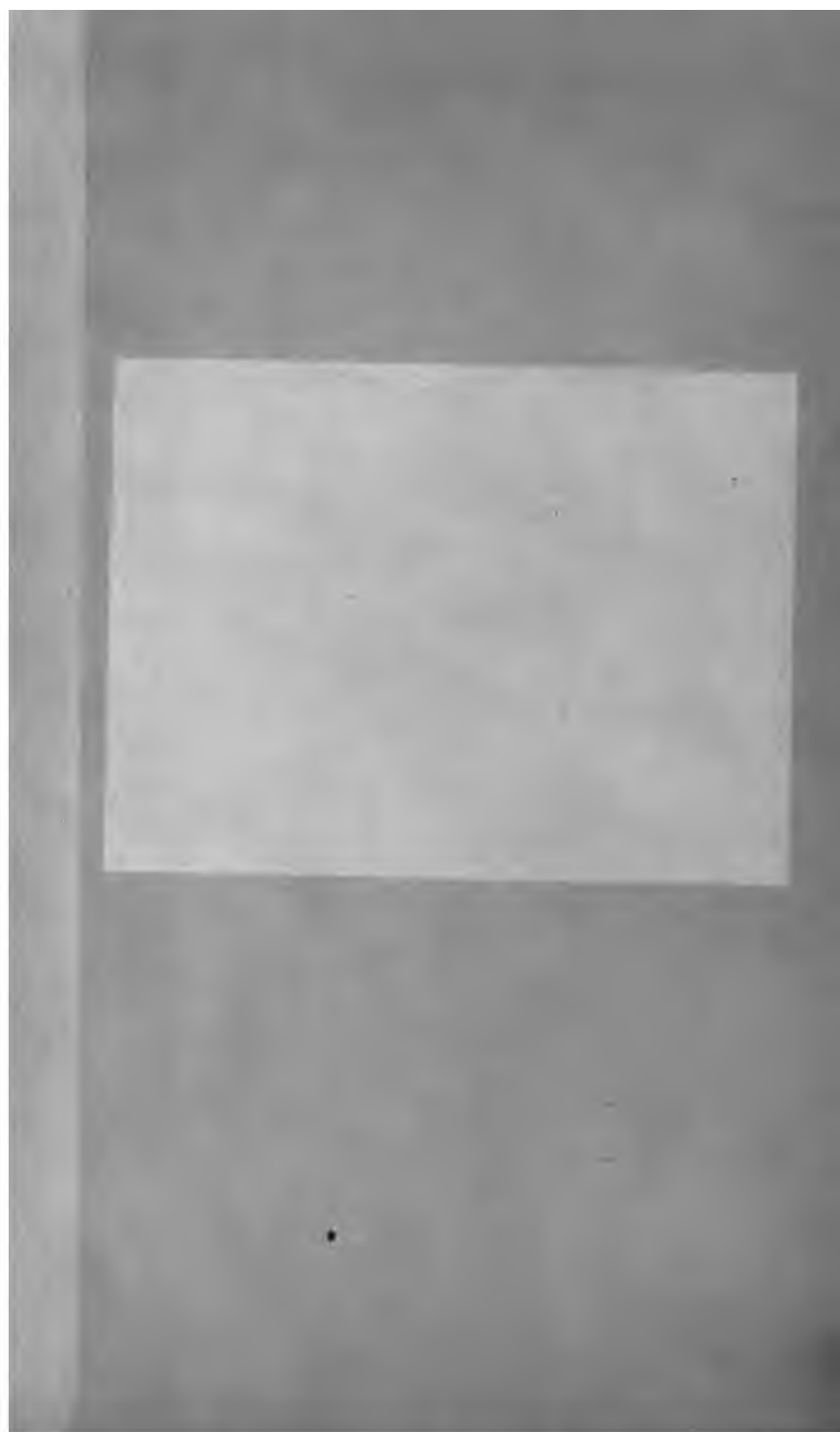
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DR. HUNTER'S INHALER FOR COLDS, CATARRH, LARYN-  
GITIS, ASTHMA AND BRONCHITIS.



# LETTERS

UPON SOME OF THE MORE COMMON AND IMPORTANT DISEASES OF THE

## Head, Throat and Chest

EMBRACING

COLDS, CATARRH, OZÆNA, POLYPUS,  
DIPHTHERIA, CROUP, SORE THROAT,  
LARYNGITIS, BRONCHITIS,  
ASTHMA, CONSUMPTION,  
DEAFNESS, HEART  
AFFECTIONS, ETC.,

AND THEIR AUXILIARY TREATMENT BY

MEDICATED INHALATION,

*AND OTHER METHODS OF LOCAL MEDICATION,*

WITH NUMEROUS ILLUSTRATIONS.

---

BY

JAMES A. HUNTER, M.D.,

AUTHOR OF "SELECTIONS FROM DR. HUNTER'S WRITINGS;" "LECTURES UPON LIGHT, OPTICS  
AND SOUND;" "MEDICATED INHALATION IN CONSUMPTION AND DEAFNESS;"

EDITOR OF DR. R. AND J. HUNTER'S "LETTERS UPON DISEASES OF THE  
ORGANS OF RESPIRATION," (PUB. IN 1865); "DR. HUNTER'S JOUR-

NAL," ETC.: LICENTIATE U. C. M. B.,

AND E. M. B. CAL.

PULMONARY SPECIALIST AND AURAL SURGEON.

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Clay Street, corner of Sansome.

1877.

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1877.

W. A. B. J. B. A. J.



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1878

TO THE

**Ten Millions of People of America**

WHO ARE

Suffering from the Various Forms

OF

CATARRHAL, LARYNGEAL, BRONCHIAL, PULMONARY,  
AURAL AND HEART AFFECTIONS,

THESE LETTERS ARE DEDICATED

BY THE AUTHOR.

79717



BY THE SAME AUTHOR

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I.

SELECTIONS FROM DR. HUNTER'S WRITINGS,

Consisting of Letters, Essays, Occasional Papers, Fragments upon Sanitary Science, etc., etc.

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II.

THREE LECTURES UPON LIGHT, OPTICS AND SOUND.

---

III.

MEDICATED INHALATION IN CONSUMPTION AND  
DEAFNESS.



## NOTICE TO THE THIRD EDITION OF THE REVISED SERIES.

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My Original Series of letters upon diseases of the Head, Throat and Chest, written some years since, consisted of forty, and most of them have appeared in the columns of the leading journals of this country, and recently in the *Morning Call*, of this city.

I decided lately to revise, and, in some cases, entirely re-write them; to divide the subjects and matter so as to make letters of uniform length; and to add sufficient new matter to increase their number to one hundred or more.

As thus amended and amplified, they will be republished in one or two leading city journals, and those presented in the following pages have so appeared in the columns of the *Evening Bulletin*.

I have been led to issue them in their present shape by frequent applications from my patients and others—including hundreds of correspondents—for them in book form. As thus prepared, they are electrotyped, and ultimately they will be assembled in a volume, and then they can take their place in the home library beside my "SELECTIONS," "LECTURES UPON LIGHT, OPTICS, AND SOUND," and "MEDICATED INHALATION IN CONSUMPTION AND DEAFNESS."

This form also enables me to illustrate the structure of the parts involved, and the instruments employed in their examination and treatment, by suitable engravings.

I trust and believe that all classes, those in health as well as the sick, will thus find them more convenient, interesting and instructive, and that the invalid will derive from them the consolation and assistance which an intelligent comprehension of his ailments must afford.

Very Truly and Respectfully,

J. A. HUNTER, M.D.





DR. HUNTER'S WARM VAPOR INHALER.



## PREFACE.

---

In the following LETTERS I shall not describe all the diseases, or derangements of function, of the organs and parts treated upon, nor even enumerate all the varieties of such departures from a healthy and normal condition. To do so would lead you through a labyrinth of bewildering technicalities, and consume more time than I feel that I can spare from the pressing duties of a large practice.

For example, over forty varieties of disease of "that wonderful little organ, the larynx," have been catalogued, and standard works upon the ear describe over one hundred forms of disease of the organs of hearing. Such abstruse classifications and immense details can be comprehended only by one thoroughly versed in the minute anatomy and physiology of these delicate parts, and fully mastered only by long special experience and study.

But all may, without special preparation or unusual application, learn something of their structure and functions, the causes, nature, and symptoms of the more common of their diseases, and the general principles of their prevention and cure.

A prominent physician, F. Seeger, M. D., declares in a late issue of the *Popular Science Monthly*, (December, 1877) that "it has been estimated that 10,000,000 of our people have the disease called catarrh to a greater or less degree," and the observation and experience of nearly twenty years, devoted largely to the study and treatment of this malady, convince me that its prevalence has not been overestimated. The fatality of consumption has become the opprobrium of our profession and the despair of the people, while the mortality from heart diseases is alarmingly on the increase. Probably over 100,000 people die in the United States every year from these and kindred ailments.

Reason and experience—nay, even common sense and ordinary observation—teach us that a very large percentage of the diseases which afflict our race are the results of an *ignorance* or *negligence* of the laws of health, and the causes which lead to them. Assuredly, then, every effort should be put forth to prevent, or strangle



in their infancy, diseases so prevalent and distressing as catarrh and so fatal as consumption, and if these letters accomplish nothing more than to teach and stimulate the well, in this respect, to preserve health, they will have performed a most important mission.

But I have also endeavored to convey to those afflicted with these and certain other ailments of the *Head, Throat, and Chest*, a knowledge of the nature and tendencies of their maladies, awaken in them a sense of their true condition while their cure is yet possible, if not easy, and point out the best means of remedy.

I ask a careful, unprejudiced perusal of the contents of these pages. In all earnestness I assure you these subjects are of vital importance to hundreds of thousands who will sink into untimely graves ere another decade shall have rolled into the past, *unless they awaken to a sense of their peril*. Consumption has shrouded in mourning nearly every home in this fair land, and a helpless, hopeless spirit of fatalism pervades all classes concerning it. I have labored to correct this misapprehension, and trust my efforts have not been put forth in vain.

At my outset in my professional career my mind became impressed with the fearful prevalence and fatality of diseases of the lungs, and the humiliating impotency of all ordinary means employed by physicians for their relief. I resolved they should become the field of my professional labors for life, and my first effort was to discover the most fruitful *causes* of Consumption and remedies that would promptly and thoroughly cure them.

For nearly twenty years I have studied and labored in this province of medical science and art, devoting my time and talents almost *exclusively* to these maladies. I have investigated every remedy and curative agency proposed for them, embraced every opportunity for observation, seized upon every facility for experimentation, and sought out every source of information.

Twenty years use of MEDICATED INHALATION in over *thirty thousand cases* of pulmonary, asthmatic and catarrhal diseases, has convinced me that it, *in the hands of a physician experienced in its application*, is the nearest to a specific we shall ever obtain. Thousands have been cured by it of dangerous and loathsome diseases, and their gratitude, more than any other consideration, has encouraged me to stem the torrent of ignorance, bigotry, envy and malice so frequently opposed to innovations upon *established practice*.

JAMES A. HUNTER, M. D.



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## LETTER I.

### THE PROFESSION AND THE PEOPLE.

The Origin and Earliest Forms of Authority—Doctor-Wizards and  
Medicine-Men of Savage Tribes—Physicians and Oracles of  
Ancient Egypt and Greece—Dr. Beddoes on the  
Relations of Physicians to the Public.

TO THE EDITOR—Sir :

There has been a period in the histories of all races, peoples or nations when most of the so-called scientific knowledge which they possessed was confined to fetish priests or monkish cells, its secrets jealously guarded from the masses, and its phenomena only exhibited to their wondering gaze when its possessor desired to establish some new mystery, or confirm some old delusion.

We are told by Admiral Fitzroy, in his account of the Fuegians, that notwithstanding these savages have no chiefs, "the *doctor-wizard* of each party has much influence among his companions," and the Angakut of the Esquimaux, at the other extremity of the American continent, sustains similar relations to his own "place mates," while the "Medicine Man" of the aboriginal tribes of our own plains exercises a sway among his fellows scarcely, if at all, second to that of a chief. Indeed, in many countries the most important attribute of kingly power and chieftain authority is the influence which individuals claim to exercise over the elements and disease. The assumption of supernatural powers of this character, often associated with the pretense of divine origin and communion, is, among some savage tribes, the only form of individual authority, and has ever been an important agency in the growth of personal influence, wealth and power in the early histories of all peoples. Mr. Herbert Spencer, the sociologist, and the author of the pedigrees of Æthelwulf, in the Chronicles, believe that Wodin, or Odin, the "Divinity of the North," and one of the earliest heroes of our own race, "was manifestly a medicine man."

These demi-divinities of phylacteries, philters and phlebotomy, constituted a most important element in the Hierarchies of Ancient Egypt and Homeric Greece, and a superstitious belief in their supernatural powers, a blind faith in their oracles, and the shadowy terrors of some demon of disease, served the people for physics and metaphysics.

Upon such childish delusions was formed an aristocracy of learning



which has held its power intact, and uninterruptedly exercised an analogous influence over the mind of man throughout all the stages of the evolution of modern thought, and all the political and social revolutions of the generations that have come and gone. This "*imperium in imperio*" of the dominion of science and art is still characterized by an amount of intellectual arrogance, pride and exclusiveness which only finds its parallel in its ancient prototypes.

Most of the diseases which afflict humanity are the results of an ignorance of the laws of health. Yet the profession is ever ready to cry "quack" and "humbug," and condemn, with bitter and senseless invectives, every person who attempts to do what thousands of our ablest and most respected scientists have done in other departments of science and art; viz : write letters and deliver lectures for the instruction of the people in matters of health. We need not look far for the causes of this antagonism : it was thus pointed out by the celebrated Dr. Beddoes, of England :

"Medicine is an art to which some look for *health*, and others for a *livelihood*. "Unless the public be sufficiently enlightened to control those who exercise this art, the latter principle will encroach so as to obtain too large a share in determining its condition, and there will always be some danger lest the advantage of the patient should be sacrificed to the *interest*, ease, or *pride* of the practitioner."

This is the truth, fully told. It is to the "*interest*" of the practitioner to keep the people in ignorance of the causes, symptoms, etc., of disease : to prepare and deliver to them instructive lectures upon these subjects would require an amount of labor that would seriously interfere with his "*ease*," and involve a sacrifice of his "*pride*."

As the domination of the "Medicine Man" was the earliest form of authority over the minds of the masses, so is it the most deeply rooted. But men will yet do for Medicine what Tyndal, Huxley, Proctor and others have done in other fields of Science, and sweep away these barriers of ignorance, selfishness and prejudice. I respectfully put forth these, my own humble efforts, in this direction.

I propose to publish in these columns a series of seventy-five Letters upon the causes, symptoms, and treatment of affections of the head, throat and chest, and I trust and believe the public will find them interesting and instructive. I know that I shall meet with much opposition from the members of the profession in this city, and possibly become an object of their malicious persecutions. But I am strengthened and sustained in my determination to write for the information of the people by the examples of some of the brightest ornaments of my profession. In this category I may mention the names of Sir James Clark and Sir Chas. Scudamore in England ; Dr. Geo. M. Beard, Dr. Dio Lewis and the late Dr. Hall, editor of "Hall's Journal of Health," in this country, all of whom have written extensively upon these subjects *for the people*.

Very truly and Respectfully,

J. A. HUNTER, M.D.



## LETTER II.

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### ON POPULAR SCIENTIFIC EDUCATION.

Dr. Geo. M. Beard and Sir Alexander Cockburn on the Dissemination  
of Physiological and Medical Information  
Among the People.

TO THE EDITOR—Sir :

I have long been before the people of the United States as a Medical Writer, Pulmonary Specialist and Aural Surgeon, and having arrived at maturity of professional life and experience, an apology for calling their attention, in this manner, to some of the results of my labors for the prevention and relief of human suffering, is unnecessary, yet I have thought it best to briefly state some of the reasons and facts upon which I base the propriety of my action in so doing.

I am but following a custom practiced in nearly all affairs which concern the material, moral and spiritual interests of civilized people. In every department of science and art, *except* Medicine, in political economy and religion, thousands have come forward as *popular educators*, and imparted their knowledge to the masses in LETTERS, lectures, pamphlets, tracts, etc. Such is the rule, rather than the exception.

Yet there is no *good* reason why medical men should not become *teachers* as well as *healers* of the people, and inculcate doctrines and precepts of health in a similar manner. These communications may, if you choose, be properly termed "Health Tracts."

I am the author of several publications upon Diseases of the Organs of Respiration and Circulation, and a system of treatment for them—Medicated Inhalation—with which my name has been long and favorably identified ; but I find that there are so many who look upon all books describing disease as "*Medical*," and consequently, to them, *incomprehensible*, that I have been led to the publication of a series of "LETTERS" upon these and kindred subjects, in the columns of the daily and weekly journals to which the people of this country habitually look for information upon many of the most interesting subjects of personal and public welfare and important concerns of every day life. I felt that if the knowledge I had obtained by long years of special investigation and experience, the results I had achieved and the acquirements I possessed were of any value to humanity, the more extensive publication I gave them the greater amount of benefit I would thereby confer upon those suffering from these too prevalent ailments.



There are many in the ranks of the medical profession who silently discourage, or openly condemn all efforts upon the part of their professional brethren, to convey information of this nature to the people, but I see no *legitimate* reasons for their opposition. The sentiments expressed in the following quotations are in unison with my own upon this subject, and I feel will be corroborated by every well-wisher of his race.

Dr. George M. Beard, Lecturer on Nervous Diseases in the University of the City of New York, member of the New York County Medical Society, author of several volumes and monographs, an eminent writer and practitioner, states in the preface to his admirable work—*OUR HOME PHYSICIAN* :

"Science must not be confined to scientific men. A knowledge of science in its various departments, and especially a general knowledge of the structure and operations of the human body, and some of the laws of disease, will make us better lawyers, better clergymen, better merchants, better farmers, better laborers, better mechanics and artisans, better wives and mothers, and better husbands and fathers, better citizens, and better in every condition and relation of society." \* \* \* \* \*

"The noblest and best part of our mission is not to cure disease, but to prevent it. The true and only way to prevent disease is to diffuse through all ranks of society a general knowledge of the human body and of the laws of health."

Sir Alexander Cockburn, the late Lord Chief Justice of England, said in a case wherein a popular medical writer sued a malicious critic :

"I quite agree that if you can really make people sensible of what are the causes which lead to such a disease as consumption : if you can make them sensible of what are the symptoms against which they ought to be upon their guard ; if you can make them understand what they ought to do with a view to prevent consumption, or what they ought to do when consumption has once been established, you are doing a vast amount of good to the mass of the community. In every branch of science, so far as you can make science a matter of popular knowledge, so much the better."

Volumes of such testimony might be presented, if necessary, but I think I have laid before the reader sufficient to convince him of the importance and propriety of thus instructing the masses.

These subjects, although *alien* to the *ordinary* conceptions of non-medical people are not beyond their comprehension, notwithstanding the air of mystery with which they have been surrounded from time immemorial. I believe that they should be purged of the odor and stripped of the habiliments of ancient and mediæval mysticism, and reclothed in the pleasing and comprehensive garments of modern phraseology and common sense. If so presented, they will interest, instruct and benefit all who peruse them.

I have labored in this direction, most earnestly, in one field of Medical and Surgical knowledge and practice, throughout all the years of my professional life, and this brings me to the question of the advantage and propriety of the division of the profession into specialties, which will be the subject of my next letter. Very truly and respectfully,

J. A. HUNTER, M.D.



## LETTER III.

### ON SPECIALTIES IN MEDICINE.

Herodotus' Account of Specialties in Ancient Egypt—Oliver Wendell  
Holmes on Specialties in Medicine—Social and Profes-  
sional Aspects of the Question.

TO THE EDITOR—Sir :

As it is fashionable, among writers upon subjects of the customs and practices of different classes of society, to seek parallels in the classics, I shall, at the outset, quote a paragraph, bearing upon the subject of this letter, from one of the earliest chroniclers of what are, to us, "the olden times." We are informed by Herodotus, the "Father of History," that there were Specialists in Egypt more than twenty-three centuries ago, in the following language :

"The art of medicine is there divided among them : each physician applies "himself to one disease only, and not more. All places abound in physicians ; "some physicians are for the eyes, others for the head, others for the teeth, "others for the parts about the belly, and others for internal diseases."—Cary's translation, *Euterpe*, page 125.

As Egypt, at that time, was the most advanced of all the nations then in existence, in the sciences and arts, so had the organization of society—the relative positions of different professions and trades, classes and callings—become the most perfect, and we find the derivative civilizations of Greece and Rome subsequently falling into the same channels of thought and action.

But it does not require an extended investigation in the sociology of either dead or living nations, to convince a rational creature of this age of the world's history, of the advantage of such a division of the "Healing Art." Yet it is well known to all, that physicians, as a rule, discourage the cultivation of specialties, and that many never lose an opportunity to cast some slur upon specialists. Professor Oliver Wendell Holmes, the poet, philosopher and historian, a Fellow of the Massachusetts Medical Society, stated in an address to the Graduating Class of the Boston Medical School :

"The tendency of the profession is to divide itself up into *specialties*, which "makes men *skillful*, but narrow-minded. I do not say that this is not *better for* "*mankind*, but it is fraught with incalculable danger to the *social dignity* and "standing of the profession."

Invalids, consider it for a moment. Your physicians are thus taught



that "*social dignity and standing*" are of greater importance to them than skill to treat your diseases. I had supposed that the attainment of skill was the grand object of a physician's life; the point toward which all his aspirations should lead him, and all his efforts be directed. If the division of the profession into specialties "*makes men skillful*," as stated by Professor Holmes, then every principle of reason and sentiment of humanity prompts the encouragement and cultivation of specialties.

When I had won my diploma, and those from whose hands I received it had declared that I was qualified to practice *all* branches of my profession, I felt that I possessed an unquestionable right to choose and practice, as a *specialty*, a *particular* branch or class of ailments, as I have done, and that in doing so I should *elevate*, rather than degrade, both myself and the profession of medicine. I was not actuated alone by personal ambition. I had yet a higher hope in view, that of mitigating human sufferings; and what I felt to be my duty has been my reward.

Comparatively little that is useful in any department of science or art, is discovered by *accident*. Almost all valuable facts and great achievements have been *worked out* by long and labored processes of thought and practice, by men who had given the subjects of them *special* attention. In Medicine and Surgery, almost all great discoveries have been made, and brilliant achievements accomplished, by Specialists. They are the *Pioneers* of the science and art, and *General Practitioners* "*those who come after them*": mere *copyists*, who adopt the formers' discoveries and use the fruits of the *Specialists'* genius and labor for their own profit.

The span of life is too short, and the field of our profession too extensive, to enable the human mind to investigate thoroughly all its departments and grasp all their details; and a *general practitioner* who tells you that he can treat the diseases of your lungs, your eyes, or your ears as skillfully as a Pulmonary Specialist, an Oculist, or an Aurist, does not speak common sense.

I wish the reader to fully understand that I do not defend *all* those who *call* themselves Specialists. As we have spurious coin so we have counterfeit physicians, and some of them are the basest imitations, the most infamous cheats that ever existed. I have nothing but feelings of contempt and words of condemnation for such. Whatever is most meritorious is most often the subject of fraudulent imitation. It is not strange, then, that we have *pretended* specialists; brazen charlatans, traveling from city to city, village to village, and even hamlet to hamlet, living at hotels and lodging houses, remaining a few months here and a few weeks there, reviling local established physicians, promising to cure every person who presents himself, and then, when "played out," or driven out, flitting to "pastures new" to repeat their nefarious practices. It is not remarkable that such men strew their paths with physical wrecks of humanity.

Very truly and Respectfully,

J. A. HUNTER, M.D.



## LETTER IV.

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### CATARRHAL AND PULMONARY DISEASES.

**Their Prevalence and Relation to each other—Professor Hughes Bennett asserts that Few Physicians can Detect Consumption in its early Stages ; Hence its Fatality.**

TO THE EDITOR—Sir :

Without doubt, diseases of the Organs of Respiration have become the most prevalent and fatal of all those in the long catalogue of bodily ills which afflict our race. It does not require any argument upon my part, nor that I should produce statistics, to convince the reader of this fact. The weekly, monthly and annual statements of mortality published in all large cities, as well as personal knowledge and general observation, point too clearly to this melancholy fact. Even here, in the delightful climate of California, more particularly in our midst, we find consumption as alarmingly prevalent as in any part of this country, while catarrh and throat ailments afflict two-thirds of the people.

It is folly to assert, as some do, that, in most of the fatal cases of consumption occurring in this city, the disease was contracted elsewhere. *Such is not the case.* Few pulmonary invalids from other States remain long in this city. As a rule they go south, or to the small towns of the interior, where the climate is still more favorable, and those few who stop here temporarily generally hasten home to die as death approaches.

We need not marvel that Consumption prevails upon this coast, nor look far for the causes of the indigenous cases occurring in our midst. They are as evident to the senses and reason, if we but apply them to their investigation, as those of the commonest ailments, if not more so, and are to be found in the sudden and great daily atmospheric changes which prevail during a large portion of the year ; the chilly, damp nights, foggy mornings, cold piercing winds of the afternoons, the dust-laden atmosphere, etc., and the consequent *catarrhs*, and *throat* and *bronchial ailments* which afflict so many.

The fatalities of war, pestilence and famine are dwarfed into insignificance when compared with the ravages of this terrible malady ; and the question of its prevention and cure is the most important of all those which concern our physical well-being. If we would lay the axe at the root of the evil, we must search out and avoid its causes, and be able to



recognize and remedy its earliest symptoms. The accomplishment of this purpose is the aim and object of these Letters, and I trust and believe they will aid those whose lungs have already become seriously affected, in their efforts to obtain a knowledge of their true condition, and awaken in the minds of those suffering from *minor maladies* of the Organs of Respiration, a sense of their impending danger.

No fact in connection with the causation of this fatal disease is better established than that Bronchitis and other Catarrhal affections of the air passages, if *neglected*, result in disorganization of the lungs, and that fearful train of symptoms, characterizing a condition to which the term CONSUMPTION has been truly applied. That a want of knowledge upon these subjects exists among the masses cannot be successfully disputed.

I find as a rule, no matter how well informed people are upon the current topics of the day—in commerce, mechanics, political economy, theology, or other departments of science and art, they are totally ignorant of the laws of health, and the causes, indications, and methods of remedying some of the most prevalent diseases, particularly Consumption. As long as this condition of the public mind exists, Consumption will not cease to be the "*scourge of our race*." Until they are taught to look upon *Catarrh*, *Sore Throat* and *Bronchitis* as its most fruitful causes, its ravages will remain unmitigated.

Another cause of the great fatality of this disease is the fact that few physicians in *general practice* are able to detect Consumption in its early stages. The sounds made by the air passing in and out of the lungs during the acts of breathing are called *murmurs*, and are distinguishable upon placing the ear to the chest, or listening through an instrument called a *Stethoscope*. A small amount of disease produces a *slight change* in their character, and to detect and interpret them requires an ear educated by constant practice to a fineness of sensibility which few acquire. Professor Hughes Bennett, of the University of Edinburgh, very justly observes:

"It is not that medical art is destitute of the means of detection, but that the necessary skill is not sufficiently diffused among medical men; for it must be acknowledged among ourselves that comparatively few have sufficiently educated their ears to detect the finer thoracic (chest) murmurs." \* \* \*

"The fatality of consumption is in a great measure owing to its insidious progress, to its reaching a confirmed stage before it is detected, or to carelessness in medical examinations, rather than to any peculiar virulence in the disease itself."

The declaration made in the last paragraph of the above quotation brings me to the important question of the treatment of these diseases. If the fatality of Consumption is *not* due to any extraordinary intrinsic *virulence*, then assuredly physicians should treat it more successfully. But of all the ills which afflict humanity none is so prevalent as *Catarrh*, or so fatal as consumption, and nine-tenths of the people believe them to be incurable. These lamentable facts led me early in my professional career to adopt MEDICATED INHALATION as a remedial agency in their treatment. Of its theory, and the results of my use of it, I shall have much more to say in subsequent letters. Very Truly and Respectfully,

J. A. HUNTER, M.D.



## LETTER V.

### ON COLDS AND THEIR TENDENCIES.

**"I Took Cold"—Colds the Causes of Most Other Diseases of the Organs of Respiration and Hearing—How We Dress Our Children, and the Consequences.**

TO THE EDITOR—Sir :

Our inquiry into the causes, nature and symptoms of ailments of the Organs of Respiration naturally commences with the consideration of the familiar "cold"—so familiar, indeed, that its discussion will, doubtless, seem to most readers as superfluous, if not trivial. This very familiarity has bred an indifference to it that leads many persons to neglect the commonest precaution against it; and there are comparatively few who are willing to sacrifice immediate convenience or comfort, disobey the behests of some foolish, perilous fashion of dress which they may fancy, or ignore a pernicious conventionality of life, to protect themselves against its attacks. But to the pathologist, and particularly to the pulmonary specialist who looks deeply into the "*first causes*" of pulmonary disease, it is a subject of the gravest import.

"I TOOK COLD" is an "old, old story" to me. These three words have so often fallen upon my ears, during an active professional experience of twenty years, that I invariably look for them as the first expression of each patient's *Statement* of the history of his case. I have heard it tens of thousands of times; from the discouraged and disgusted victim of Catarrh; from the panting Asthmatic, as he contended with his malady, between throes of anguish, for another draught of the "breath of life;" and, in husky, hollow and whispering tones, from the hectic-flushed, emaciated victim of Consumption, who had summoned all the enfeebled energies of his remnant of physical strength for a parting struggle with the *Destroyer*, ere he entered "the valley of the shadow of Death."

One-third of the people we meet in the walks of every-day life are afflicted with chronic catarrh, a very large percentage suffer from bronchitis, and fully one-fifth are under the ban of the "Scourge of our race." Yet there are few who cannot trace their maladies to a succession of these very "colds."

But in the terrible Infant mortality we find the most appalling evidence of our apathy—I should say, *criminal negligence*—upon this question. While I write these lines an anxious mother consults me for an afflicted



child. A few words of inquiry elicit the fact that she took off from him a *flannel* night-gown in which he had slept since infancy, and substituted a *cotton* garment, and now she is astonished that he is afflicted with symptoms of that terror of the nursery, Croup. This change, bear in mind, was made at the commencement of this, our most trying season.

Go upon our streets—particularly in our northeastern cities—in the midst of winter, and note the style of dressing little girls. Poor, miserable, artificial curiosities; heads and throats swathed in hoods, nubias and furs; shoulders loaded with shawls and thick sacks; short skirts standing out like a coryphee's, their little pinched limbs clad in thin cotton stockings, which do not always reach the ruffles of their muslin drawers, and their feet shod with shoes as thin and porous as blotting-paper. Is it any wonder that *Croup*, *Diphtheria* and *Congestion of the Lungs* reap a rich harvest, and that Death garners in his charnel-house nearly one-half the race before the spring-time of life rolls by?

Doubtless many mothers, when thus bereft of their darlings, think that the Creator has suspended infantile life on an extremely brittle thread, while, perchance, others charge their bereavements to blind chance, reckless fate, or look upon them as inflictions of an all-wise or vengeful Deity. Oh! how long before you will be undeceived? How long will you blindly follow fancy and fashion, and outrage common sense and the laws of health? How long will you, for such vain, foolish considerations, pit the frail bodies of your delicate children in such an unequal struggle against the rugged forces of nature, or when will you cease to "charge God foolishly?"

In this early period of life are laid the foundations of most of the catarrhs and bronchitis of later years, while those who escape such consequences are but spared to encounter the stern duties and vicissitudes of adult life with puny bodies and weak constitutions. While the catarrhs and bronchitis of the former cases will steadily but surely undermine the health and strength of the lungs, a single injudicious exposure may awaken all the latent energies of consumption in the latter.

At a meeting of the British Medical Association at Newcastle, a few years since, Dr. John Murray, one of the most eminent of English physicians, presented a paper in which the following portentous passage occurs:

"If, when on a journey, you experience a succession of chills, in due time you may expect an attack of bronchitis, an infiltration of pneumonic or tubercular plasma, or illness in some other form, each tending to reduce the powers of life, and consequently liable to set up consumption in those predisposed."

Such is the verdict of our most enlightened physicians, and those who think to escape the natural results of a disregard of some of the most palpable laws of health, such as the proper clothing of the body, will learn when it is too late, and midst the mental anguish and physical suffering of loss of health or domestic affliction, that they cannot do so.

Very Truly and Respectfully,

J. A. HUNTER, M.D.



## LETTER VI.

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### COLDS AND THEIR TENDENCIES.—Continued.

**Colds and Consumption Rare Among the Natives of High Latitudes—  
Effects of Civilization Upon the “Child of Nature”—An  
Illustration from Every Day's Experience.**

TO THE EDITOR—SIR :

The respiration of cold air in itself, seldom produces a “cold,” and no people are freer from this affection than the residents of high latitudes, who are most in the open air at all seasons of the year. The members of the late British Polar Expedition, and particularly the companions of Captain Markham, who penetrated to latitude 83 deg. 20 min. 26 sec.—within 400 miles of the Pole, in a temperature of 100 deg. below freezing—were singularly free from it. Consumption is rare among the natives of Iceland, and Northern Norway, the Yakuts of Northern Siberia, and the Esquimaux of Greenland, and it is well known that the cold, dry atmosphere of Minnesota is most favorable to those suffering from a tubercular tendency.

Notwithstanding we generally experience the symptoms to which we apply the term “cold,” first in the air passages of the head, this malady very often enters the frame at the opposite extremity, and most frequently some remote portion of the body, and is always the result of an unusual lowering of the animal heat—a *chill*. Thus you see the importance of protecting the feet and limbs against such causes. Yet it is a notorious fact—pointed out in my previous letter—that these portions of the bodies of our children, particularly of our little girls, are most exposed to such dangers by prevailing fashions of dress.

When I rebuke such unnatural and inhuman practices, some parents point to the thin sandals and naked limbs of the rugged Highlander, the bare legs and feet of the hardy Irish “bog trotter,” or the scanty apparel of the Terra del Fuegian and Patagonian, who go almost naked in a climate as cold as our own. But they forget that these people are not born with weak, scrofulous and diseased constitutions; that they are inured to such customs from earliest infancy, and that if we would practice a *few* of the habits of such peoples, we must follow *all* of them. We are creatures of habit in our physical, as well as in our mental constitutions, and habits *of* which we are born or *to* which we are bred cannot be safely contravened. Take the “child of nature” from his life of exposure to the elements, physical activity and mental freedom, swathe him in flannels and other thick gar-



### 38 Dr. Hunter's Letters—Colds and Their Tendencies—Continued

ments, place a warm cap upon his head, and a pair of double-soled boots upon his feet, surround him with all the comforts, and, I might add, the cares, of our ultra-civilization, and in nine cases out of ten he will become as subject to colds as any of us, and soon go into a decline. In California, before the advent of the Celestial, Digger Indians were much employed as servants, and such was the result of their conformity to civilized habits in many if not most cases.

In illustration of this important principle, let me briefly outline a sketch from my every day's experience.

Here comes an interesting girl, just arrived at the period of life when the future seems most propitious and the career of human usefulness begins; the light and life of her home, the hope of her parents, the object of a fond brother's solicitude, and, perchance, of a lover's affection. Her blooming cheek and beaming eye would indicate perfect health, did not the sepulchral cough, hurried breath and wasted form "tell too truly of the mocker, Consumption." Let us ask her the origin of her affection, and in hollow, husky, or whispering tones, she will say, "I-TOOK-COLD." She will probably add:

"Oh, sir, I was always well, very well. I was one day taking a long walk, when a shower came up, and I wet my feet—only damped them a little. I had done it repeatedly before, without any suffering at all, and therefore thought nothing of it at the time. After the shower we spent the lovely hour of twilight in singing songs on the bank of the river. From that night I have not known a well hour."

Poor girl! and she probably never will, until she has "crossed the dark river," as an examination of her lungs reveals the fact that they are totally disorganized, and the most we can hope to do for her is to smooth her pathway to the grave.

In the eloquent language of Cavé:

"The season for 'colds' is now arrived. Many a graceful form, now treading 'in queenly pride the halls of fashion, will, in a short time, become the prey of 'fatal consumption. Many a laughing beauty, who now, night after night, in 'delirious excitement, treads the mazy dance, will soon be called to 'walk 'through the dark valley of the shadow of death.' Many an eye, now flashing 'with delight, shall shortly be lighted up with the unearthly brightness of 'disease, and before another autumn's loveliness shall greet it, shall be dimmed 'forever. Our loveliest ones shall be taken, and is there no help? Oh, turn 'not thoughtlessly away from this subject, parent, lover, husband, for it is for 'your life; and one who knows too well the bitterness of loss and loneliness, 'would press upon you this timely caution. Disregard not the oft-repeated 'warnings of our intelligent physicians, and the dictates of an enlightened 'physiology. Look well to the responsibility put upon you, in relation to those 'whom you love, by a Providence who *works by means*."

In my next letter I shall consider the treatment of colds, particularly the uses and abuses of **MEDICATED INHALATIONS**.

Very Truly and Respectfully,

J. A. HUNTER, M.D.



## LETTER VII.

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### ON THE TREATMENT OF COLDS

Domestic Dosing and Old School Heroics—Mercury and Tartar Emetic  
a Source of Evil—Medicated Inhalation, Its Uses and Abuses.  
The Results of the Use of Steam Atomizers.

TO THE EDITOR—SIR :

Of the popular treatment of a "*Cold*" it is scarcely possible to write seriously, and many an afflicted scribe, otherwise prosy, has been stimulated by his experience in such matters, to unwonted mirth. Remedies and remedial means of the most opposite, and frequently grotesque, character are suggested or earnestly pressed upon the victim of this annoying malady by a host of sympathizing friends. He is advised by one to *feed* it ; by another, to *starve* : one recommends him to *freeze* it out ; another, to *sweat* it out. In New England he is dosed with "Stewed Quaker," and in New York and Ohio with "Number Six." Every housewife in the land has her favorite mixture or syrup, as mysterious in its composition as it is incomprehensible in its effects for good, and, willing or unwilling, it must go into your already afflicted body, until your aversion to such compounds becomes as profound as Pip's was to the nauseous tar draught which his heroic sister forced down his throat upon the slightest complaint, or evidence of illness.

While these attentions serve to demonstrate the affection or solicitude of those who, from consanguinity or social relations, naturally feel such an interest in our welfare, they unfortunately have the effect of increasing the discomfort and enhancing the danger of the subject of them, and a few experiences of this character are sufficient to cause him to exclaim with earnestness, "Save me from my friends."

If it is a "*Cold upon the Chest*," or the attack has otherwise produced such an impression upon his system as to necessitate the calling of a physician—one of the "old school"—he will probably be fed with calomel to salivation, and dosed with emetics and expectorants to nausea.

I need scarcely tell you that all this is radically wrong, and that when the intensity of the attack has passed off, those who have passed through such a course of unphilosophical medication will find themselves weaker than they would have been had they avoided drugs entirely.

Yet every one expects, and indeed it is quite evident that something can, and should, be done to relieve the distressing symptoms and guard the nasal cavities, throat and bronchial tubes against Chronic Catarrh, Sore



Throat and Bronchitis, and prevent the sowing of the seeds of consumption in the lungs. But I assure you that this cannot be accomplished by filling the stomach with the abominable mixtures previously referred to, nor by saturating the system with mercury and tartar emetic.

Nature has received a shock and impress most profound, and the blood and other fluids of the body have accumulated and stagnated in the weak and delicate parts that line the air passages and compose the lungs. They must be set in motion and drawn off to their accustomed channels.

This result we can best accomplish by active purgatives and diuretics, the stimulating effects of carbonate and muriate or ammonia, and the restoration of the suppressed function of the glands of the skin, by a thorough but judiciously applied sweating process. *This sweat must be taken at your bedside*, under circumstances which preclude the possibility of taking additional cold therefrom. Envelop yourself in three or four heavy blankets, which must *entirely* inclose the vessel which contains the hot water into which you immerse your feet. Drink a cup of some bland, hot liquid, and when you lift your feet out of the water and dry them, wrap them also in the blanket, roll over into your bed and lie there from six to twelve hours.

But you must now commence to repair the injury done to the delicate mucous membrane lining the air passages, and open up the clogged air tubes and cells. This can be done only by MEDICATED INHALATION.

While *Medicated Inhalation* is the most natural and powerful remedial means at our command in all affections of the air passages of the head, throat and chest, it is the one most liable and subject to abuse. This method of treating diseases of the Organs of Respiration was first brought prominently to the notice of the people and profession of this country about thirty years ago, by my relatives, the brothers Drs. R. and J. Hunter, in New York City.

While it has entirely revolutionized the treatment of these maladies and conferred an amount of good upon humanity that cannot be estimated until "time shall be no more," it has unfortunately been made the medium, or an important element of some of the basest phases of medical quackery that ever disgraced the profession in this or any other country. Not only vile pretenders to medical knowledge and skill, but the veriest tyros in the profession, and even druggists and dealers in surgical instruments, have placed them in the hands of hundreds of thousands of the victims of these maladies, without regard to nature or stage of ailment.

Their "Steam Atomizers" and corrosive fluids have ruined the health and lungs of tens of thousands, and the poor sufferers, intent only on recovering health, forgot that it required not only medical skill of the highest order, but a long special experience in these maladies, like that of the Dr. Hunter, to accomplish the successful results they achieved.

When you have decided to use *Medicated Inhalations*, let me advise you to take them from a skilled *Pulmonary Specialist* only.

Very Truly and Respectfully,

J. A. HUNTER, M.D.



## PART IV.

# Dr. Hunter's Letters.

## LETTER VIII.

### ON CHRONIC NASAL CATARRH.

Dr. F. Seeger states that "It has been estimated that 10,000,000 of our People have the disease called Catarrh." No Age, Sex, or Social Condition enjoys Immunity from its General Prevalence and Revolting Characteristics.

TO THE EDITOR—Sir:

I approach the subject of Catarrh with considerable diffidence, if not trepidation. So much has been written and published upon this subject of late years that the public have been thoroughly surfeited with what may be termed the literature of the malady. But a surgeon's experience so often brings him into contact with disagreeable objects and duties that he soon acquires moral as well as physical courage in dealing with unpleasant questions of this character.

I am writing a series of letters for the instruction and guidance of the people, upon a class of diseases which not only inflict an immense amount of physical suffering upon millions of our race, but whose fatalities aggregate more than one-fourth of those which go to make up our bills of mortality. Many of these, particularly Catarrh and Consumption, bear to each other the relationship of cause and effect, and constitute a *chain* of kindred ailments. It is, then, not only proper, but necessary that we should, at the outset, take up the first *link* and examine each consecutively until we arrive at the last one, where the frail bond of union to life is severed and the victim drops into eternity.

I have already devoted three letters of this series to the consideration of "Colds." It is true they frequently open the floodgates of *Tuberculosis* and crush out the breath of life in *quick* or "galloping" consumption. But the lungs do not *usually* become thus immediately stuffed with tubercle and corroded with foul ulcers. Generally it is only after years of slow, insidious progress from the familiar cold through all the gradations of *nasal catarrh*, *sore throat*, *laryngitis* and *bronchitis*, that we arrive at consumption, and find that through ignorance or neglect, or both, we have sown, nurtured and cultivated to full maturity the seeds of our physical destruction.

Therefore it is necessary that we should devote some time and space to the consideration of the well-worn and disagreeable subject of Catarrh, and accordingly I shall treat it with the patience, candor and courage which nearly twenty years of the closest observation and most active experience



with it have taught me that it deserves, I might say imperatively demands.

Chronic Nasal Catarrh is undoubtedly one of the most prevalent and distressing of the minor ailments which afflict our race. Dr. F. Seeger, an eminent physician, states in a late issue of that excellent publication, "The Popular Science Monthly," (December, 1877) that "it has been estimated that 10,000,000 of our people have the disease called Catarrh," and my own experience convinces me that this is not an over-estimate. At least one-fourth of those we meet in the walks of every-day life are afflicted with this malady. It is equally common to all ages, sexes and social conditions. Many of the worst cases that ever came before me existed in children, and thousands of the consumptive youth of to-day have been rendered so by its neglect. Its offensive exhalations poison the atmosphere of the halls of fashion and homes of wealth, as well as of humbler habitations of the land, and it is equally common in its occurrences, as inveterate in its nature, and as repulsive in its features in the vain beauty and purse-proud millionaire as in the plainest and humblest maid or matron, or the poorest of our fellow creatures.

In its milder forms and earlier stages, Catarrh is sufficiently annoying to seriously interfere with the business and pleasures of life, but in its more advanced stages, and the form termed *Ozaena*, even though it may not have impaired or broken down the general health, it is one of the most harassing and repulsive of maladies. In the hospital ward, or even private sick-room, we are not shocked to come into contact with diseases which offend the sense of sight, hearing and smell. But to meet them habitually in the walks of every-day life, to sit with them at the table, to encounter hourly, or associate with them constantly in our offices or other places of business, to commingle with them in social gatherings, to *live* with them, and lastly, to occupy with them for eight or twelve hours out of each twenty-four the narrow confines of the sleeping-room, is an infliction of the most painful and revolting character.

Yet how few there are who do not often come into contact with this affliction under most of these circumstances. It is an undeniable and unfortunate fact, which should not be lost sight of, that this loathsome malady is often, if not generally, more offensive to the victim's family, friends and associates than to himself, and the strongest sentiments of love and affection may be and are not unfrequently thus changed to feelings of disgust.

Before we enter upon the consideration of the various forms and symptoms of Nasal Catarrh let us devote a little attention to the structure and functions of the parts affected by it, in order that we may come to a better understanding of what is necessary to cure it.

Very Truly and Respectfully,

No. 321 Sutter St., S. F.

J. A. HUNTER, M.D.



## LETTER IX.

### LOCATION AND VARIETIES OF CATARRH,

Number and Extent of the Air Passages, Cavities and Parts of the Head Affected in Catarrh. What the "Bumps" between the Eyes, and Prominent Cheek Bones signify.

TO THE EDITOR—Sir :

As almost all persons know, there are two Nasal Passages, separated by a thin partition of bone, which stands upon the roof of the mouth and assists in holding up the bridge of the nose. These passages open internally, or behind, upon the *Vault of the Pharynx* or upper end of the throat, just under the base of the skull, at a sort of "jumping-off place," where the discharges from Catarrh "drop into the throat."

But there are also *eight* other cavities of considerable magnitude connected with these passages, viz : *two Sphenoid, two Ethmoid, two Frontal and two Maxillary* cavities. [See Engraving.]

The frontal cavities correspond to the "bumps" or protuberances, which are quite prominent over the inner corners of some persons' eyes, and are popularly supposed to indicate a corresponding development of the brain. Let us lay bare these parts and see if the knife and saw of the anatomist will corroborate this assertion of some of those who call themselves phrenologists.

I have a skull before me which I have separated at this point. I find that the brain is here nearly three-quarters of an inch from the surface, and that there are two *cavities* side by side, and separated by a thin partition of bone, between the outer and inner plates of the skull, which will hold an ounce of fluid. These protuberances are no more evidence of a particular development of the brain than a large nose or prominent cheek-bones are ; but each indicates a corresponding size of cavities, which are, or may become, the seat of catarrhal disease.

I have pointed out these facts in order to show you the *extent* of the parts affected by this malady, and the difficulty of reaching it with the washes, snuffs and powders with which *alone* some physicians pretend to treat it. *This disease cannot be reached except by remedies as subtle and penetrating as the air we breathe, namely, MEDICATED INHALATION.*

But probably the most peculiar and delicate portions of these parts are *six* little *wings* of bone, called the *Turbinated Bones*, which project, three into each nasal cavity, from their outer walls. When seen from behind, in



a little mirror placed in the throat, behind the palate, they look like partially unrolled scrolls, and almost fill the nasal cavities.

The philosophical anatomist and physiologist can see design and purpose in the form and position of every fiber and part of the human body, and whether man's architecture was the work of Deity, executed in a day, or the evolution of myriads of years, it shows an admirable adaptation of organs to functions necessary in the economy of physical life. These *ten* cavities and *six* wings of bone, and the numerous little cells and tortuous passages connected with them, present an *immense surface* covered with *Mucous Membrane*, and were designed to obtain what steam engineers call a large "heating surface" to temper the air before it enters the lungs. But this was not the whole purpose of Nature. This mucous membrane is filled with *nerves* and little *glands*. We see in these nerves the *outposts* or "outer guards" of the "citadel of life," placed there to warn the lungs against the inhalation of offensive odors, bad air and corrosive vapors. The little glands, and indeed the whole mucous membrane in which they are imbedded, secrete a large quantity of fluid which covers its surface and protects it from sudden chill, and the little particles of dust and other noxious matter which go to make up the "sewerage of the atmosphere." But we have yet to refer to one of their most important functions, namely, the *moistening* of the atmosphere ere it enters the lungs. All persons who live much in rooms heated by stoves or hot air realize the necessity of keeping the atmosphere *moist*, and vases or other contrivances to secure the evaporation of water are often attached to or placed upon such heaters.

Now the simplest form of catarrh is a "cold," and the effects of a cold are: First, it stagnates the blood in this mucous membrane so that it ceases to circulate heat and warm the air; second, it swells up the membrane covering the little wing-bones, and obstructs or closes up the passages entirely; third, it checks the secretions which protect the membrane from irritation and injury, and moistens the air we breathe into the lungs.

DRY CATARRH.—Some persons suffer much of the time from this dryness and thickening of the membrane lining the nasal cavities, with a constant disposition to "snuffle," and this condition may be denominated "dry catarrh." But generally this soon runs into the ordinary form of

CHRONIC NASAL CATARRH.—We find, after an unusually severe cold, or succession of them, that the membrane lining the nose feels "stuffy" and tender; there is a dull, heavy feeling in the head, with a disposition to pick or blow the nose. At this early stage of the disease a small sore very often forms on the partition between the nasal cavities, just inside the nostrils. Crusts or scabs form on it, which are picked or blown off once or twice a day, and as a consequence it soon becomes larger, eats deeply into the membrane, and even penetrates the bone before discovered or even suspected. At this stage it may become ozenous.

Very Truly and Respectfully,

J. A. HUNTER, M.D.



## LETTER X.

### OZÆNA—FÆTID, ULCERATING CATARRH.

Correct Application of the term "Ozæna"—Its Repulsive Characteristics—What French Physicians call those afflicted with this malady—Ulceration of the Nasal Septum.

TO THE EDITOR—Sir :

"What is OZÆNA?" is a question which many of your readers have no doubt had occasion to ask themselves. Almost all persons have a partially correct idea of the nature and location of simple chronic Nasal Catarrh ; but this, to them, new term "*Ozæna*," if not incomprehensible, is at least indefinite. If you turn to this word in almost any dictionary of our language, you will be informed that it is a "foetid ulcer of the nostrils," and popular descriptions of it almost always designate it as an advanced stage or aggravated form of Nasal Catarrh.

In truth, "*Ozæna*" is the name of an extremely offensive *symptom* of nasal disease. Even pathologists, medical writers and physicians have often mistaken—or misnamed—a prominent and distinguishing symptom of a disease for the disease itself. But this error is much more frequently committed by unprofessional observers and superficially-informed medical men.

"*Ozæna*" is no more a disease than "cough" is. Each, however, is an important symptom of forms of disease quite different in their character and origin.

The term *Ozæna*, then, is *correctly* used to designate an extremely foetid odor or discharge, or both, from the nostrils. This offensive odor and discharge generally accompany advanced stages of what was, at the outset, *simple* chronic catarrh. In my last letter I showed you that there are at least eight good-sized cavities located in the bones of the head and face, opening into the nasal passages. Catarrh of the nose, if neglected, extends to all these cavities, and the numerous cells and tortuous passages connected with them ; the discharges soon accumulate or become penned up in their narrow confines, undergo decay or decomposition, and then become a "stench in the nostrils."

According to French authors, the odor is similar to that evolved from a crushed bug, and on this account they designate such a patient by the term *punais*, which means "bed-bug."

But one of the earliest and most common results of colds and catarrh



are the formation of *Ulcers* in the mucous membrane lining the nasal passages, particularly on the bony partition separating them. A single severe attack of cold will often give origin to these ulcers in a person whose blood is impure or impoverished. If neglected or irritated by picking, as is generally the case, they soon eat into and even through the bone, and, as all surgeons know too well, the discharges from ulcerating, decaying and dead bone are the most disgustingly odorous, or, to coin a word for the occasion, *ozænous*, of all the products of disease.

If the nasal passages be examined in this condition by separating the nostrils with a speculum, and throwing into them from a small condensing mirror a strong beam or cone of light, these ulcers will be seen covered with a grayish-white or ashen exudation or crust. The mucous membrane between them will be seen to be red, often dark and angry-looking, swollen and unevenly puffed into corrugations and points, altogether resembling relief maps of extremely mountainous regions.

There is generally considerable soreness of this membrane, and not infrequently aching or pain in the bones of the nose. The discharges blown from the nose or hawked from the throat in these forms of the disease are not always profuse, may be even scanty. At first they are often semi-transparent, or only tinged with gray by the "sewerage of atmosphere."

But as soon as the ulcers begin to eat into the bone, and the crusts are picked or blown off, these discharges become greater in quantity, more mattery, purulent, often tinged with blood and possessed of an odor more or less disagreeable or intolerably offensive.

This is a very common and early result where there is any acquired or inherited taint in the blood. The bony portion of the partition between the nasal cavities is so thinly covered with flesh and mucous membrane that it is soon reached by this little ulcer, and this form of catarrhal disease is seldom seen by the Catarrh Specialist until it has eaten deeply into or through it, and in many of the cases that come before me I find an opening between the passages as large as a ten-cent piece, often larger, and slowly increasing in size.

This is one of the most stubborn of the simple ailments that come into the hands of the surgeon, and is very seldom cured except by the skillful specialist. It requires the most patient, careful and judicious management. Often when we cure an ulcer of this kind in one nostril, *by local applications alone*, a similar sore immediately or soon appears in the other nostril, and when the second one is cured it appears again in its original location.

In such cases a perfect and a permanent cure can be accomplished only by a patient, faithful course of constitutional treatment—that is, the use of medicines to purify the blood—conjoined, of course, with local treatment.

But these forms of Ozæna are the mildest of maladies compared with those terrible afflictions termed *Scrofulous* and *Syphilitic Ozæna*, which will be the subject of my next letter.

Very Truly and Respectfully,

J. A. HUNTER, M.D.



## DESCRIPTION OF PLATE NO. II.

This beautiful and graphic illustration was drawn from nature by the author, and engraved from a photograph of his drawing on wood. The word "sinus" used below means "cavity."

**1, 1, 1. Turbinated, or "Wing" Bones.**—There are three in each nasal cavity, attached to their outer walls.

**2. Frontal Sinus.**—One of the cavities between the eyes.

**3. Infundibulum.**—A passage leading to the Frontal Sinus, also to the **Ethmoid Sinus**, anterior cells.

**4. Sphenoid Sinus.**—A cavity behind the upper "wing bone."

**5. Maxillary Sinus.**—This cavity is situated under the eye, in the cheek bone, and opens into the nasal cavities between the lower and middle "wing bones," as shown at 5.

The *Frontal*, *Sphenoid*, *Ethmoid*, and *Maxillary* "Sinuses" are the four principal cavities connected with each nasal cavity, and affected in Catarrh.

**6. Eustachian Tube.**—This tube leads to the ear.

**7. Epiglottis.**—This little sentinel throws his body into the doorway (No. 9) of the larynx, (No. 10) and prevents food and drink, on its way to the stomach passage, from entering the organ of voice.

**8, 8. Vocal Cords.**—Upper and lower; also called false and true.

**9.** Entrance to the *Larynx*.

**10. Larynx.**—It contains four *Vocal Cords*, two on each side.

**11. Windpipe.**—Its upper end, below the larynx.

**12. Pharynx.**—All the cavity above the larynx and behind the tongue, tonsils, palate, and nasal cavities. Usually designated the "back of the throat." It is the seat of Granular Sore Throat.

**13. Vault of the Pharynx.**—The upper end of the Pharynx, or that portion which is behind the nasal cavities. Generally affected in "Throat Catarrh."

**14. Fauces.**—The entrance to the Pharynx.

**15. Esophagus.**—The passage leading to the stomach.

**16. Tongue.**

**17. Uvula, or Palate.**—The pendulous portion.

**18. Tonsil.**—One on each side of the *Fauces*.

**19. Spinal Cord.**

**20, 21. Brain.**—*Cerebrum* and *Cerebellum*.

**22. Olfactory Nerve.**—The special nerve of the *sense of smell*. There are two, one located over the top of each nasal cavity. Each gives off about twenty branches or *filaments*, which supply the lining membrane of the nasal cavities. Three of these branches are shown at a, b, c.



Plate II.



THE ANATOMY OF THE PARTS AFFECTED IN CATARRH,  
SORE THROAT, AND LARYNGITIS.



## COMPLIMENTARY

### NOTICES FROM THE CITY PRESS.

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#### **"Dr. Hunter's Letter."**

Dr. Hunter's letter, the third of the series, appears in to-day's issue. The productions of this voluminous and versatile writer always contain something of an entertaining and instructive character, and this is one of the most interesting of the series.

For nearly twenty years this gentleman has been the most prominent and successful pulmonary specialist and aural surgeon in America. His celebrated letters have spread a knowledge of his name and abilities far and wide, and done more than any other agency to awaken an interest in the terrible fatality of Consumption, and bring about a reform in its treatment.

No other physician in this country has seen as much of the diseases of which he makes a specialty, and none so competent to write of them for the public instruction and guidance. Dr. Hunter came to San Francisco from New York city upwards of two years ago for the benefit of our climate, and has acquired an immense practice. Of his success his patients speak in the most glowing terms.—*S. F. Evening Bulletin, Aug. 30th, 1877.*

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#### **"Able, Concise and Well-timed."**

Dr. Hunter's letter in to-day's issue is an able and concise exposition of the principles involved, and the results flowing from specialization in medical science. His argument is logical, his conclusions philosophical and his denunciation of counterfeit and infamous specialists just and well-timed. Our readers will find it interesting and instructive in every sense of the term.—*S. F. Evening Bulletin, Aug. 22d, 1877.*



## COMPLIMENTARY

### NOTICES FROM THE CITY PRESS.

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#### **"A Picture in Words Painted by a Master hand."**

Dr. Hunter's letter in to-day's issue is one of the best and most interesting of the series which he is publishing in our columns. It shows most clearly the relation of cause and effect between catarrh and deafness. It is a picture in words painted by a master hand, and conveys a lesson which all should learn. The sense of hearing is one of the most pleasurable and necessary of our senses, and those who have lost it suffer one of the greatest deprivations which physical ills can inflict upon us.—*S. F. Morning Call, June 10th, 1877.*

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#### **"A Clear Exposition of A Popular Mystery."**

Dr. Hunter's nineteenth letter is one of the clearest expositions of a popular mystery that we have ever perused, and betokens a perfect knowledge of his subject on the part of Dr. Hunter. Indeed he has been so long before the people of this country as a popular medical writer and pulmonary specialist that whatever comes from his pen deserves the attention of this class of invalids.—*S. F. Morning Call, April 8th, 1877.*

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#### **"Dr. Hunter Grapples with the Subject in a Bold Manner."**

DR. HUNTER'S LETTERS.—The thirty-fifth letter of the series which this gentleman is publishing in the columns of the *Sunday Call*, will appear in to-morrow's issue of that journal. It will describe the "causes of catarrh," and open up a field of fact which will prove a genuine revelation to many. Dr. Hunter grapples with this subject in a bold manner, and his writings evince an amount of research and ability which recommends them to the consideration of all. If, as many believe, this prevalent and loathsome malady cannot be cured, it can certainly be prevented by the avoidance of the causes.—*S. F. Post, July 20th, 1877.*



## “DOCTORS DIFFER.”

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They differ sometimes honestly upon subjects of medical philosophy, and the treatment of a particular disease or case, but generally from prejudice, jealousy of a successful rival, or from the teachings and restraints of a false and tyrannical code of ethics.

It has been truly said that “prejudice sways more minds than reason,” and we have yet to learn that any sick man's life was ever saved by an application of the precepts of this code of ethics. Upon the contrary, we are satisfied that it has done more than anything else to retard medicine in its progress towards that stage of exactitude and perfection which is the natural tendency and goal of all the natural sciences.

In all other departments of science and art, those who make discoveries are encouraged to come forward and state them to the public, and they receive the reward and commendation that is due them. Yet a physician who discovers a new and effectual remedy for asthma, or conceives a better method of treating deafness or lung diseases than that usually pursued, immediately becomes the subject of his less successful brethren's malicious and senseless invectives if he attempts to state the fact to the public, or presents evidence of his claims to superior skill.

We are glad to see that one physician has had the moral courage to defy such tyranny, as well as the genius to improve the practice of his profession. Nearly twenty years ago Dr. J. A. Hunter commenced to devote special attention to a class of ailments which have baffled the skill of the best physicians for ages. He not only pursued the regular *curriculum* of a Medical College, and graduated as a regular and fully qualified physician and surgeon, but he has devoted all the years and energies of his professional life to his chosen specialty. It is quite natural that he should have become skillful in this particular class of ailments, and not unreasonable that he should have discovered remedies and successful methods of treatment which other physicians know nothing of.

But he has presented *evidence* of this fact in the shape of hundreds of testimonials from his patients who had been *unsuccessfully* treated by other physicians, but *successfully* treated by himself. And the presentation of this, the most convincing and corroborative evidence of his superior skill, is just what his professional brethren find fault with—simply because it brings too prominently to notice their own failures.

But the public care nothing for these petty bickerings, differences and squabbles. The invalid seeks only for *skill*. Of Dr. Hunter's skill, in his specialty, there can be no doubt. He has published scores of testimonials signed by citizens, whose names and residences are not only given, but who are generally known in our midst, and whose words and judgment are beyond question. These statements *are* so or are *not* so. If they are *not* so, it is easy for any person to show such to be the case. But if they *are* so, as we are satisfied, then every invalid should know it; know that Dr. Hunter is treating with success a class of diseases in which the majority of physicians are lamentably unsuccessful.—*S. F. Evening Bulletin*.



## CALIFORNIA FOR INVALIDS.

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Dr. J. A. Hunter, the well-known Pulmonary Specialist of New York, has been residing in California for the past year and a half, and is making a thorough investigation into the climate of different localities this side the mountains, with a view of ascertaining which are the most favored spots for those afflicted with catarrh, bronchitis, asthma, and consumption.

Much has been said and written of the advantages, to this class of invalids, of the climate of many localities in this country, which is incorrect, and yearly sends thousands of them on long and expensive journeys in search of an elysium which has no existence. While we believe the climate of California, upon the whole, to be the most favorable under the sun for this class of invalids, there is undoubtedly much room for choice within the bounds of our State, some localities being most unfavorable. Statements from interested parties, who have property and other investments, business interests and homes in such places, and theories founded upon meteorological tables, cannot always be relied upon.

The best guides to the seeker after health are undoubtedly the actual experiences and conclusions of intelligent invalids, and we look upon this effort of Dr. Hunter's to collect such testimony, as a step in the right direction.

We know of no one better qualified to perform such a task. He has devoted nearly twenty years of active professional life to this specialty, and is a hard-working practitioner who has probably done more than any other to disseminate, in a popular form, correct information upon the causes, etc., of these maladies, and bring about a reform in their treatment.

Such invalids are earnestly requested to write him the results of their experiences of our climate, and conclusions as to the most favored localities. Address him at No. 321 Sutter Street, San Francisco.—*S. F. Evening Post*, Oct. 2d, 1877.



## **PROFESSIONAL CARD.**

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Dr. Hunter devotes special attention to the following affections of the

**HEAD, THROAT AND CHEST,**

**NAMELY:**

Colds and Catarrh, Ozena, Nasal Polypus, Enlargement of the Tonsils and  
Palate, Diphtheria, Croup, Sore Throat, Laryngitis, Bronchitis,  
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